THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. VIII. PHILADELPHIA, DECEMBER, 1886. No. 12.

A CLINICAL LECTURE.

CHOREA; CHOREA ASSOCIATED WITH AMENORRHŒA; WHOOPING-COUGH TREATED WITH BELLADONNA.

BRONCHIAL IRRITATION IN A DEBILITATED CHILD; GENERAL REMARKS ON THE TREATMENT OF DISEASES OF CHILDREN.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: This child, suffering with chorea, was before us one week ago. We are informed that the involuntary movements are much diminished. This is not a well-marked case of this affection, or, perhaps, it is a case which is improving under treatment more rapidly than we had expected. A child with a severe attack of chorea will be found to have lost almost entirely the power of coördination. The cases are sometimes so bad that the patient totters in walking and will look as though he had some paralytic trouble. This affection may be induced by a number of causes. I have known a most terrific attack depend upon the presence of seat-worms. After the removal of the worms the whole difficulty disappeared. You must, therefore, do all that you can to find the cause, but while you are looking for the cause, you must treat symptoms. During the past week, this boy has been taking a tonic containing a preparation of iron; the formula has been:—

℞. Acidi phosphorici dil.
Tr. ferri chloridi . . āā p.æ.

This has been given in pretty large doses. If too much iron is being taken, it will be shown by the appearance of symptoms of indigestion.

The boy has a sore on his lower lip which has been present for some time. For this we shall order unguentum zinci oxidi with three drops of carbolic acid to the ounce. This is to be well rubbed in after the scab has been entirely removed.

The treatment will be continued. The child must have easily digested nourishing food, such as milk, soft-boiled eggs and the like, but nothing fried. One of my old professors used to say that if he had hold of the man who invented the frying-pan he would hang him.

Suppose that after this treatment has been kept up for a couple of weeks the nervous symptoms still continue, what is to be given? One of the oldest remedies for the treatment of chorea is arsenic, which has usually been given in the form of Fowler's solution, the liquor potassi arsenitis. I do not believe, however, that the effects of the drug are so well obtained from this preparation as from arsenious acid. Granules of arsenious acid containing from one-eightieth to one-fortieth of a grain can be procured. If I find it necessary, I shall order for this boy one-eightieth of a grain of arsenious acid, three times a day. The effect of this drug must be watched. I believe that in nearly all these cases the good results are only obtained when toxic effects are produced. What are the toxic symptoms for which you are to watch? These are œdema under the eyes, swelling of the hands and feet, and slight nausea. When these symptoms appear, you

should be careful how you push the drug any further. It may be that we shall be able to cure the chorea by continuing the line of treatment already adopted.

Chorea—Amenorrhœa.—This little girl has also had chorea. She was given some domestic remedy and the disease improved. It has reappeared and is chiefly seen in the right hand. The child is fourteen years of age and has not menstruated, and her mother is much inclined to attribute her symptoms to that fact. This function is usually established between the twelfth and sixteenth years of age, but may not appear until the eighteenth or twentieth year. The mother says that there is a tendency in her family for menstruation not to appear until about the eighteenth year. This child may have a tendency to postpone, just as some women postpone the menopause to the age of fifty-five or even sixty. I have had one case in which a woman married a second time, three years after she had ceased to menstruate, and much to her chagrin, her second marriage brought her an heir inside of a year. In another case a woman had been married to her first husband twenty years without becoming pregnant. At the age of forty-eight, six or eight months after the cessation of the menses, she again married, and in due time I delivered her of twins. If I had not known all about this patient and had her under my care, I should have had a little doubt about it.

This girl is evidently weak and ill-nourished. Her tongue is pale and flabby and slightly coated. The pulse is weak. The bowels are constipated. She needs toning up and requires something to stimulate the action of the bowels. We shall order the following:—

℞. Tr. nucis vomicæ . . gtt. xlviij.
Ex. cimicifugæ . . f℥j.
Syrupi aurantii . ad ℥iij.
M. Sig.—A teaspoonful four times a day.

We shall also give her, with the above, ten drops of the syrup of the iodide of iron four times a day. This will act as a tonic and an alterative. The child must receive good nourishing food and spend much of her time in the open air. Hygiene is of the first importance in a case like this. If the child is working hard at school she should be removed and the brain given a rest.

Potassium permanganate has been strongly recommended in just such cases as this by Professor Fordyce Barker, of New York, and other authorities. In order to relieve the nervous symptoms and bring on the menstrual flow, the remedy has to be continued for a length of time. From one-half to one grain may be given three or four times a day. It may be given in the form of compressed or sugar-coated pills. I have not employed it to any extent in my own practice, but those of my friends who have used it speak highly of its powers. It would probably be beneficial where the failure to start the menstrual function was due to the want of a general wakening up of the system, so to speak. You cannot make the child have its menstrual discharge by the use of remedies. I may here refer to what Professor Charles D. Meigs used to say with reference to emmenagogues. He said that the use of such remedies forcibly reminded him of the Yankee who invented a machine to make hens lay. He made a nest with a little trap through which the egg dropped as soon as it was laid. The hen, turning around to look at the egg before she began to make a fuss about it, would find that she was mistaken, and at once lay another. The first time the machine was tried the hen laid herself entirely away, and there was nothing left but a bushel of eggs and a lot of claws and feathers. Emmenagogues are not able to do the work which they are supposed to do; they can only act secondarily.

Whooping-Cough Treated with Tincture of Belladonna.—This little girl, two and a half years of age, is suffering with whooping-cough. She was here last week and I ordered the following preparation:—

℞. Tr. belladonnæ . . ℥ss.
Mist. glycyrrhizæ comp. . ℥iij.
M. Sig.—A teaspoonful in water every four hours.

The mother states that the cough is much improved, but that the appetite is very poor. We should not expect the appetite to improve while she was taking this mixture. We learn that the child drinks considerable tea. This should be stopped; of the two, coffee is the less injurious; you burn and grind the coffee under your own supervision, and you know what you have; with tea, you do not know what you are using; it may be a mixture of leaves from our fields, or it may be the siftings from various grades of tea. In talking with a Chinese merchant in California, he told me that very little good tea reached this country. He had some which he had brought over with

him, and he prepared me a cup. I am not a lover of tea, but this was different from any tea I had ever tasted; it had a peculiar flavor which was delicious. This child should have neither tea nor coffee, but should be given plenty of milk. If desired she can take at the meals a mixture of hot water and milk with sugar—the so-called cambric tea. In the way of food, she should be given bread and butter, eggs, soups, and ripe fruits, but no bananas. The child also has a constant itching of the nose which leads her to be constantly picking at it. I shall order the following preparation as a tonic and to allay the nervous irritability which she presents:—

℞. Sodii bromidi . . ʒij.
Acid phosphorici dil.
Tr. ferri chloridi . āā ʒij.
Syrupi simplicis . ʒijss.
M. Sig.—A teaspoonful four times a day.

If the child does not rest, an extra dose may be given during the night.

Bronchial Irritation in a Debilitated Child.—This boy, seven years old, is said to have had a cold for several weeks. As you see, he comes bundled up in an overcoat and scarf, but do not find fault with children being wrapped up too much. It is one of the most ridiculous things to see on a winter's day the mother walking along wrapped in her furs, while her child runs by her side with its legs bare from above the shoes to the knees. At night the child has an attack of croup or of colic, as a result of the congestion of the throat or bowels, and the mother wonders why it is that her children are always sick. This boy is said to have a rather frequent dry cough. On auscultation I hear no râles. The appearance of the tongue suggests an interesting point. Never jump at a conclusion from the appearance of the tongue. Let me give a case in point. Some years ago I was attending a very sick child in consultation with another physician. On one day the child was found to be greatly improved. The following day I met the attending physician, who told me that the child's condition was very serious, and that sordes had appeared on the tongue and teeth. I found all the other symptoms improved, but the tongue and teeth were apparently covered with dark-brown sordes. Glancing at the table by the side of the bed, I saw a piece of licorice, which at once explained the condition of the tongue. This child has been eating something which had discolored the tongue. The child is run down, and I shall therefore order a tonic with an expectorant:—

℞. Tr. ferri chloridi . . ʒiij.
Sodii bromidii . . ʒiij.
Ex. glycyrrhizæ . . fʒij.
Syrupi tolu . . ad ʒiij.
M. Sig.—A teaspoonful every four hours.

The fluid extract of glycyrrhiza will disguise the taste of many unpleasant drugs, especially of quinine. If under the use of this preparation the cough does not improve, we shall direct that the dose be repeated every three hours, and if this is not sufficient the dose will be increased to one and a half teaspoonfuls every three hours. The child has been kept in the house through fear that he will take cold. This is wrong; he should be out in the fresh air. There are few houses which are so sanitary, that they are not filled with poisons of various kinds. I mean that there are few houses so well ventilated and so thoroughly cleaned as to be free from all forms of disease-germs. The removal of a sick child to where it will have fresh air and change of scene will often cause a marked improvement in its condition.

Some General Remarks on Diseases of Children.—I wish now to refer to certain points brought out by the consideration of the cases which we have just seen, and to make some general remarks on the diseases of children. The little girl who had not had her menstrual discharge, and in whom the symptoms were attributed by the mother to the efforts of nature to establish this function, is a type of many cases. Many women will bring their daughters to the physician with the statement that they are working with their monthlies. The average woman thinks that her baby is troubled with its teeth as soon as it begins to slobber. So, at a later age, every odd symptom which the child presents, is attributed to the disturbance of the system resulting from the effort at the establishing of menstruation. When the system is laboring to institute this function, the patient is apt to present certain nervous symptoms, and these often assume the form of chorea. I have had a case of paralysis more marked on one side from this cause. I have also seen a patient sick with a fever of several days' duration under like circumstances. The general rule is that you find these patients becoming weak, white, and flabby-looking.

They begin to have depraved appetites, eating such things as slate pencils, chalk, and even the dirt out of the street. This morbid appetite tends to increase the trouble by producing indigestion. The mother of our patient stated that in her family the females went to the age of seventeen or eighteen before menstruating, but you must not be deceived by what patients tell you. In conversation with this woman, she told me that she herself had menstruated at the age of fourteen. Why then should her daughter go to a later age simply because one or two members of the family went to the age of eighteen? Do not put much confidence in the statements in regard to these matters. Suppose that in this girl the failure of menstruation to appear were the cause of the trouble, we should have other symptoms, which she does not present. Her appearance and actions while before you seemed to indicate a want of mental power.

In regard to amenorrhœa, let me advise you to be careful how you give powerful remedies to bring on the menstrual flow. Be on your guard with a fully developed, bright, buxom girl, whose mother tells you that she has had one or two menstrual periods and then stopped. These are among the earliest cases that come to your office, and they will endeavor to deceive you. In many instances, these are examples of what I sometimes term amenorrhœa *pro causa*. There is a natural cause for the amenorrhœa in many of these cases. Be careful, under these circumstances, how you give remedies that may cause trouble. I give this warning, because it is the young physician who is singled out by these people. Many years ago, a woman who had had several children, came to me stating that she was pregnant and telling me frankly that she did not wish to have any more children. I told her that I could do nothing for her. She was weak and anæmic, and I attributed the amenorrhœa to the want of red blood, and gave her a preparation of iron. Within a short time the menstrual flow returned, and she credited me with enabling her to miscarry, and I had considerable difficulty in combating this belief. You will be surprised to find how often the young woman, and for that matter the woman who has had several children, will deceive herself in the belief that she is pregnant or that she is not. Do not let yourself be deceived. When you are in doubt avoid, as far as possible, positive medication. In these suspicious cases, I often give a placebo, which is a favorite with me, consisting of a drachm of the tincture of gentian with four ounces of water, a teaspoonful to be taken three times a day. The patient will return in a short time and tell you that she has taken all the medicine, and that it has had no effect. I have had women take the whole four ounces in one day, and come back and ask for more of the medicine, saying that it had had no effect, or that the medicine had been spilled, or that the bottle had been broken. In this way I have again and again allowed these cases to go on, until I could positively say that they were or were not pregnant. This is a point which I desire you to remember in the treatment of these cases.

Suppose that in this girl the menstrual flow is established, and, although it goes on in a proper way, the chorea is not relieved, what should be given? Here you will find that fluid extract of cimicifuga, commencing with five drops and slowly increasing to ten drops, four or five times a day, will, in nine cases out of ten, be followed by positive benefit. Where there is a great deal of nervous irritation the use of the bromides in some form is desirable, and the bromide of sodium or of potassium may be combined with the fluid extract of cimicifuga.

I have often seen chorea occur as the result of rheumatism. I recall one very severe case of rheumatism occurring in a little boy, a number of years ago. I did not then know the great value of the salicylates, and more particularly of gaultheria. If I had, I believe that I should have checked the attack in a few days instead of a few weeks. The rheumatism was followed by severe chorea, which, however, finally yielded to treatment, and the boy lived to meet with a terrible end. I treated this boy with positive doses of arsenite of potassium and with many other remedies, without much benefit. Finally, I gave him the fluid extract of cimicifuga, gradually increasing the dose until twelve or fifteen drops were taken three or four times a day. Under this, improvement soon occurred.

These cases of chorea should be carefully studied, and, as far as possible, all unfavorable influences should be eliminated. Again and again will you find that these children are subject to night-terrors. What are night-terrors? A child will be put to bed apparently perfectly well, and in the middle of the night the house-

hold will be startled by a cry from the child. Running to its bed, it is found covered with the bed-clothing, and when these are removed it will exclaim that it saw something in the corner, or that something was coming into the room to hurt it. A large number of cases of night-terrors are combined with chorea and nocturnal incontinence of urine. I have seen many of these cases, and when neglected have seen the trouble end in dementia. I have seen the child pass into such a condition that it was really silly, and has lived in that condition a number of years, an utterly useless member of society. Among the negroes a large number of children have nocturnal incontinence of urine and night-terrors. Many think that under the influence of the fright the sphincter of the bladder relaxes, and the child wets the bed. This is not so. In the majority of cases it is due to exhaustion of the nervous system. The child sleeps on its back, the urine accumulates around the entrance of the urethra, produces a little irritation, and the sphincter lets go. For this reason we endeavor to prevent the child sleeping on the back. A cruel method employed in the olden times was the application of a blister over the sacrum. Various mechanical methods, as fastening a book on the back, are employed. I think that almost every case of incontinence of urine can be cured by the use of atropia or belladonna, commencing with a small dose and gradually increasing the dose until toxic effects appear. In the case of a girl now seventeen or eighteen years of age who had had this trouble for years, and for which she had not been treated, the trouble ceased entirely for four weeks when she was put upon the use of belladonna. After being overworked the trouble again appeared and was allowed to continue for several months, when she was again brought to me. I then gave her a bottle of granules of atropia, containing one-eightieth of a grain, telling her to take one three or four times a day for a week, and then stop for a few days and again resume. When I last heard from her she had been free from any trouble for a number of months. In giving any remedy, especially to children, the proper way is to continue it until you obtain a certain result. Then continue it for several days longer in lessened doses, in order to see if the patient can dispense with its use. The moment any of the symptoms return renew the remedy. In many instances the trouble is that the one having charge of the child stops the medicine as soon as the symptoms improve. It is on this account that so many cases of whooping-cough, chorea, and incontinence of urine, continue.

If you can find a cause for the chorea, the night-terrors, or the incontinence of urine, that should, of course, be removed. Sometimes you will find that the child is passing a large quantity of thread-worms with its evacuations. In the case of female children, the worms are apt to find their way into the vagina and cause a leucorrhœal discharge. A discharge of this kind in children is, in the great majority of cases, due to the presence of worms. There is, I think, nothing better than the injection of warm, strong brine, for the removal of this trouble. I have used this in adults with marked success. We may also use an infusion of one drachm of powdered aloes to half a pint of water. The tincture of the chloride of iron, one drachm to three or four ounces of water, is also of service. In these cases you do not require much in the way of purgatives, for, as a rule, the worms do not pass above the internal sphincter. When they do extend higher, a purge of calomel or of syrup of senna may be employed. I have succeeded in curing cases of chorea due to seat-worms, by the use of the fluid extract of spigelia and senna. I give it in the following way:—

℞. Ext. spigeliæ et senna . . fʒss.
Syrupi rhei . . . . ʒiiss.
Sig.—A teaspoonful four times a day.

If this causes much purging the dose may be diminished. It is a singular thing that in cases presenting every indication of the presence of worms, although the fluid extract of spigelia and senna is given, and no worms are passed, yet the child almost invariably improves. Other forms of worm infection may produce similar nervous symptoms, butin these cases there are usually other evidences of gastro-intestinal irritation.

It is a favorite habit among mothers to attribute all the symptoms which a child presents either to worms or irritation of the teeth. I do not think that there are two things more abused. A healthy child may have worms and yet present no symptoms. The average child will get its teeth and there will be no indication of it until they are found through the gum. I hold that a child in good health, properly nourished, and under suitable hygi-

enic surroundings, will, in almost all cases, get its teeth without presenting any untoward symptoms. Another fallacy is that the second summer is accompanied with great danger to the child. With ordinary care in regard to food, with plenty of fresh air and exercise, and proper clothing, the child will suffer no more during its second summer than at any other time.

ORIGINAL COMMUNICATIONS.

*HAMAMELIS IN THE TREATMENT OF DISEASES OF THE SKIN.**

BY JOHN V. SHOEMAKER, A.M., M.D.,

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WITCH-HAZEL has long been recognized as a valuable therapeutic agent both for internal and external use. For years it has been placed upon the market by venders under various names, and highly extolled for its medicinal action. In very many diseases it has fulfilled all the claims which have been made for it, such as its use for piles, sores, cuts, and all hemorrhages. It has, owing to its decided action in these diseases, become in America a standard domestic remedy, which is frequently resorted to by physicians, more particularly those residing in the country.

Successful results have again and again been noted, by many physicians, of the action of this drug in numerous diseases in which other remedies have failed. Ringer, among others, has noticed, I may say, this uniform action of hamamelis, and reports that he has known it to arrest hæmaturia in four cases which had resisted many other remedies. It has been found to be equally effective as a hæmostatic in bleeding from the lungs and other organs. Its action is claimed to be that of a vascular sedative.

Dujardin-Beaumetz thinks that it has an action on the muscular fibres of the veins. Hector Guy, however, alleges, after testing the drug thoroughly, that it shows no special physiological action on the vascular system. Several American investigators have also recently denied the action claimed for hamamelis.

Clinical experience, however, is more reliable than physiological theory, and clinically I know of its value. I have referred to it at greater length in a paper on its general action read before the Section of Therapeutics at the last annual meeting of the British Medical Association. I again affirm that it possesses undoubted action in lessening local inflammation.

Abundant evidence, clinically, has been furnished of this action by a large number of physicians, chiefly in America, in which country it is the more largely used. It is not my object in this brief paper to give an extensive *résumé* of hamamelis, but to limit my remarks to its good effect in the treatment of diseases of the skin.

Hamamelis may be employed in diseases of the skin, both internally and externally. Administered internally, in the form of the fluid extract, it appears to lessen the flow of blood through the vessels in inflammatory affections of the skin. Its action is perhaps more decided in eczema, especially in the acute and subacute forms. In cases in which the disease is more or less general, the surface red, hot, and tumid, the use of from one to thirty minims of the fluid extract of hamamelis in water or on sugar, every two or three hours, often has a most decided and speedy good result. The engorgement lessens and often disappears. It may be necessary in order entirely to remove the disease, to apply, in addition, some appropriate local treatment. The action claimed for hamamelis is, not that it always cures the disease, but that it lessens the flow of blood through the vessels, and thus relieves, benefits, and hastens a cure. In no class of cases will witch-hazel act so well as in those unfortunate infants suffering from pustular eczema or crusta lactea. The fluid extract of hamamelis in infantile eczema can be administered in from a half to five drops, in syrup or milk, every two or three hours. In many cases its use will cause all constitutional excitement to abate, the serous or sero-purulent discharge to lessen, and the inflamed and swollen condition of the tissues to decline. It will, if persisted in, very often thus bring to the little sufferer the greatest relief from the high vascular excitement and the intolerable itching.

Hamamelis is also a valuable remedy locally in eczema, either in the form of the tincture, or in that of the diluted fluid extract. In some

* Read before the Section of Dermatology at the meeting of the Association of German Naturalists and Physicians, held in Berlin, September, 1886.

cases, in addition to its internal use it may also be well to apply the drug locally. In others the tincture is the preferable form to use, from two to eight drachms being employed with four or five ounces of water. A piece of old muslin is saturated in the lotion and spread constantly over the inflamed part. In others, again, an ointment is better borne, and can be prepared by incorporating from a half to two or more drachms with some fatty vehicle—lard, suet, or lanolin being always preferable. Hamamelis thus used has both an astringent and a sedative action on the tissues, and will often quickly lessen inflammatory action in the part to which it is applied.

In erysipelas, I have known some good results to follow from its internal administration, but the results so far are not sufficient to warrant my recommending it as a remedy to be depended upon to control the constitutional symptoms of this disease. Locally, a lotion of hamamelis, one part of the tincture to five or six of water, may be employed in erysipelas in addition to other topical agents. It has by its evaporating action a most delightful refrigerant and soothing effect upon the hot and tumid skin. Its efficacy is often enhanced locally in erysipelas by adding one or more parts of tincture of opium to the lotion. Hamamelis in acne, particularly in the pustular form, acts well both internally and locally. It lessens the discharge, and, by its local astringent action in the form of a lotion, brings great relief to the inflamed and distended glands. In rosacea, or acne rosacea, its action is even more decided by its controlling effect upon the enlarged capillaries used both internally and externally. In obstinate cases, I usually push the drug to full doses, giving often as much as two drachms three or four times daily, and I have applied at the same time a lotion of one part of the tincture in four or five of water. The lotion is increased from time to time until it is applied in full strength. The enlarged capillaries slowly contract, under its continued use the engorgement lessens, and the tissues of the part tend by degrees to become normal.

Hamamelis in the form of the tincture is a remedy of very great benefit in both seborrhœa oleosa and sicca. A lotion composed of one part of the tincture with three or four of water removes rapidly the greasy and glistening condition present on the face and other parts of the body in those afflicted with seborrhœa oleosa. In like manner it removes and cleanses the surface of the scales and crusts, and has an astringent action upon the follicles in seborrhœa sicca. Loss of hair, which so often follows from the dry form of seborrhœa, is not only prevented, but the disorder removed by the local application of the tincture. In employing it in this disease, the tincture should be applied in full strength, or with half water. The efficacy of the lotion is often increased in this form of seborrhœa, and in alopecia, by the addition to it of from one to ten grains of corrosive sublimate to each four ounces. The tincture, either alone or combined with ten to thirty grains of boracic acid, promptly lessens, and often thoroughly arrests the excessive secretion of sweat that occurs on the hands and feet, and in the axillary and inguinal regions. It acts frequently in a similar manner in fetid secretion, not only in lessening and stopping the discharge, but in allaying all unpleasant odor. In the latter disease the action of hamamelis is often enhanced by the addition of either five or ten grains of corrosive sublimate, or boracic acid. The same preparation of hamamelis alone, or combined as above recommended, is an efficacious application in many forms of itching of the skin.

Hamamelis internally is a useful adjuvant to other remedies in the treatment of certain forms of psoriasis. It is more especially adapted to those cases which are attended with severe inflammatory action and itching of the skin. The fluid extract of hamamelis in large and repeated doses, in such examples of psoriasis as referred to, will often lessen the local symptoms and assist very much the action of other suitable remedies in controlling or removing the disease. The same preparation just alluded to is also of great utility in purpura, especially in the simple variety. It must, however, be given in full and frequently-repeated doses until the desired effect is produced.

Lastly, I desire also to testify to what has already been so ably reported by Dr. Musser, of Philadelphia, and others, of the value of hamamelis in the treatment of ulcers, particularly the varicose form. From the administration of full doses of the fluid extract and the local application of the tincture, I have very often observed indolent, inflamed, and irritable ulcerative surfaces rapidly take on healthy ac-

tion, and be finally cured. In employing hamamelis I always prefer for internal use the fluid extract, which is more certain in its effect. The tincture is usually sufficiently strong for all local applications, and very often it becomes necessary to dilute it with water.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ., NEW YORK.

THERE has been a pamphlet recently issued called "The Legal Status of Medical Practitioners," which touches on the decidedly interesting question of "fees," as follows: "There is very respectable legal authority for the proposition that a physician is entitled, in charging for his services, to regard the worldly condition and wealth of his patient; in other words, that for the same services, it would be proper to charge a Vanderbilt or a Rothschild more than a patient of ordinary means.

"I cannot convince myself that this is either good morals or good law. To my mind it savors of extortion.

"It can require no more skill or ability to furnish medical advice and attention to a millionaire than to another person. A physician is, of course, completely at liberty to establish a standard of charges as high as he pleases, and he may make it so high that none but millionaires will be able to employ him. No one can object to this. If then he does give professional attention to a person who is unable to pay such fees, and chooses to charge him at a lower rate than his custom would warrant, this also would be a simple act of charity to which no one could object. But for a doctor deliberately to add to his usual rate of charges an amount based simply upon the supposed ability of his patient to pay, seems to me to be lowering his profession to the level of soulless usurers, and sacrificing all that is high, and noble, and philanthropic in it to the mere love of lucre." Another writer on Medical Jurisprudence, Ordronaux, says on this question, "What constitutes a fair and liberal compensation is not always easy to determine, for custom, character of service, and rank and estate of patient, are all elements to be weighed in the solution of this problem.

"It is not the importance of the service alone which justifies the measure of the reward claimed, for many would be able to give a fair, who could not give a liberal compensation. On the other hand, the possession of a fortune by a patient does not justify extortion in charges made against him. Regard must be had, therefore, to both circumstances, and the character of the service rendered, together with the worldly estate of the patient, should be taken together in computing the limits of a fair and reasonable compensation. This is the rule adopted by the French law, and its soundness cannot be questioned."

These two views are not in principle so far apart as they might seem. Ordronaux states the law correctly, that some regard may be had in charging for services to the wealth of a patient, but the ability to pay a very high rate is one of the least important elements in deciding upon the proper charge. Wealth often gives such a position to the patient, that services rendered to him seem more important than those rendered to persons in a different station in life. This fact may make the responsibility heavier upon the practitioner, and he is warranted in making his charges higher than usual. This, we take it, is the proper criterion in settling the question, for wealth alone should make little difference in the charge. Take, for instance, the case of President Garfield; no one expected that the physicians would be paid the same rate for attendance upon an ordinary patient. The responsibility of the case and the importance of a cure were so great, that a very liberal compensation was naturally expected and was, in fact, paid. This subject cannot be properly treated in a note, and will receive more extended discussion at another time.

The Congressional law against oleomargarine went into operation on November 1st, and the extent of the manufacture is shown by the large number of applications for licenses both by wholesale and retail dealers. If one was to judge some months ago by the marks visible on packages of oleomargarine for sale in the shops, the business was a very trifling one, but now that heavy penalties are placed upon violations of the law the number of dealers is wonderfully increased. The license fee for manufacturers of oleomargarine is $600 per year; for wholesale dealers, $480; and for retailers, $48. There is also a tax of two cents a pound on the entire product. The smallest amount which manufacturers can offer for sale

in one package is ten pounds, and the largest amount retailers can sell is ten pounds. The latter must not sell oleomargarine in its original packages, but must have special paper or wooden covers on which is distinctly marked the name of the article. There is a full provision made for inspection of all places where the imitation butter is offered for sale, and it now remains to be seen whether the law is a practical one.

In a recent case in England where questions of insurance law were presented, it was decided that a person was bound by his statement of his health, and if a change occurred before the issuing of the policy the company could refuse the risk.

It appeared that the application was accepted after an examination of the person, but it was stated that the insurance would not take effect until the premium was paid. The gentleman naturally waited until the policy was made out before he paid the money, but, in the meantime, his health became seriously affected and the company declined to proceed further. An attempt was made to force them to issue the policy, but the court declined to help in the matter.

The result of the decision would seem to be that, if a person wishes to bind the company, he must as soon as the application is accepted tender the premium.

A curious case is now on trial in the New Jersey courts between two physicians of Newark. The plaintiff states that he made an agreement with the defendant to carry on his practice during his absence from the city, but that after that the defendant was not to engage in practice in Newark. The defendant attended to the plaintiff's patients for a year and a half, and still remains carrying on his practice in Newark. The plaintiff states further that it is absolutely necessary for his protection that there should be an injunction against the defendant, in view of the knowledge which the latter has of his business, and of the private prescriptions which he used exclusively. The defendant denies that there was any agreement like that set up until after he undertook the work, and that the original agreement placed no restrictions upon him. The case is now under consideration.

There is no question but that such a contract if proven is legal. The policy of the law which prohibits any agreement not to practice medicine at all, allows a person to agree not to practice in a particular locality.

Mr. Henry Bergh, President of the New York Society for the Prevention of Cruelty to Animals, recently said of the contest over the will of Miss Carrie Welton, which has just been decided in favor of the society: "This bequest of Miss Welton's has been exceedingly gratifying to me. It shows that people appreciate the idea of giving protection to dumb animals. When I first started this movement, if I received a donation of $5 I felt well set up, and later on my breath would be taken away by getting $100. Then the donations came in faster, and in larger amounts, until they reached $100,000 and $200,000." We have a case similar to the Welton case coming up in Washington this week. Colonel Fuller, of the United States Army, who died some two years ago, singularly enough, where Miss Welton was frozen to death, left the society about $60,000. Of course, the will was contested, as all wills are which contain bequests to charitable institutions.

SELECTED ARTICLES.

SOME PRACTICAL SUGGESTIONS ON THE TREATMENT OF DIPHTHERIA.

BY WILLIAM PORTER, M.D., ST. LOUIS, MO.

DIPHTHERIA is a common disease, and it is one of the most fatal. As one illustration of many, in five years there were 17,193 cases in New York alone and 7263 deaths. It is a disease that every physician will be called to treat sooner or later, and being called must act promptly. This is not the place for a long essay upon the different theories of diphtheritic contagion and progress; rather let us enter at once upon the discussion of the practical questions involved in conducting the disease to a favorable issue.

Let me very briefly sketch the manner of invasion according to conclusions which seem most reasonable and are by many accepted:—

1. Diphtheria is contagious—or rather portagious, and of parasitic origin.

2. It is most readily implanted upon a mucous membrane denuded of its epithelium.

3. It is probably always local in its incipi-

ency, sometimes becoming rapidly systemic, though in rare cases apparently systemic from the beginning.

To further explain rather than to argue these propositions, let me say that the best protection against diphtheria is a mucous membrane entirely healthy; and an ordinary acute or subacute laryngitis or pharyngitis is a condition favorable to the implanting of the diphtheritic germ. When the epithelial layer is intact the diphtheritic germ finds no foothold, but when there is an abrasion or denudation of the lining membrane the diphtheritic bacteria first attach themselves to the surface so prepared for them. This is the local period of the disease and no micrococci are found in the blood—there is no constitutional symptom. Sometimes, though there may be rapid surface involvement, and free formation of the characteristic membrane, there may still be little absorption of the diphtheritic virus.

Many of these almost purely local conditions suggest a doubt as to their specific nature. It is well to give the patient the benefit of the doubt and to treat urgently all suspicious-looking exudations upon the surface of the respiratory tract. Practically, a certain number of cases of diphtheria are constitutional from the beginning, the point of infection being in some recess of the naso-pharynx or larynx, and easily overlooked—or is beyond the range of vision. I am not sure but that infection may occur from primary invasion of the membrane of the alimentary canal. Klebs, in the second Congress of the German Physicians, speaks of a diphtheritic involvement of Peyer's patches resembling the reticular appearance in the early stages of typhoid. In by far the greater number of cases, the rapid multiplication of the bacteria—whether sphero-bacteria as are found in severe cases, or whether short and slender rods as in milder cases—produces an inflammation of the mucous membrane, exudation takes place, the epithelial cells die, and the bacteria pass into the blood and rapidly multiply throughout the circulation. Even should we deny, with Beale, that the contagion is bacteria, we still must admit that the hypothesis of local infection furnishes the most rational explanation of the sequence of symptoms.

Granting this, we have two purposes in treatment in the early stages of diphtheria:—

1. To destroy or render harmless the local manifestation of the disease.

2. To increase the power of resistance in the general system to infection.

In dealing with the false membrane all measures which would tend to irritate or injure the air-passages should be avoided. There should be no tearing away of the exudation, or application of caustics—nor do I think that, except in cases where there is only a small, well-defined patch of membrane, the use of the galvano-cautery will prove expedient. To prevent absorption, not only should we avoid making new abrasions in the throat, but I have thought it wise as far as possible to cover up those that already exist.

First of all, it is well to remove from the naso-pharynx, or pharynx, if that be the site of invasion, whatever of accumulated mucus and *débris* there may be. This may be readily done by means of a small syringe, and a weak solution of salt-water or of Listerine. This may be used either through the nostril or directly in the pharynx. To loosen the attachments and hasten the resolution of the diphtheritic membrane, many means have been advocated.

When the patch can be reached a solution of papayotin may be applied; or, better still, one of trypsin. This last, used in solution as suggested by Fairchild and Foster, or, still better, a few grains with one or two of bicarbonate of soda, made into a paste with water and spread upon the diphtheritic patch, is the most rapid solvent I have known. If the local disease is beyond the reach of such an application, an alkaline solution of trypsin may be sprayed into the nose or larynx.

After several applications of trypsin within the hour, a still further attack may be made upon the local disease. Having used more or less freely most of the germicides, astringents, and antiseptics commended in the treatment of diphtheria, I have abandoned all else for a solution of equal parts of the tincture of the chloride of iron and glycerine. I have cause to consider this, when well applied over the entire extent of the diseased surface, an almost complete bar to the progress and absorption of the diphtheritic virus.

1. If the potency of the disease lies in the rapid multiplication of bacteria, so strong a chlorine solution is certainly indicated.

2. If absorption takes place through the abraded surfaces, and "mouths of lymphatics open," as stated by Oertel, we would from *a*

priori reasoning expect some good from the local use of iron, while the glycerine may be something more than a mere vehicle, in that it may by affinity relieve to some extent the turgid capillaries of the mucous membrane. The application should be made frequently.

Let me say, in urging the efficacy of this agent, that for two years I have not seen a case of diphtheria die where the whole of the false membrane could be seen and repeatedly covered with this solution and where appropriate general treatment was given. Thrice within the last week and many times during the past year I have seen the characteristic membrane shrivel up and become detached under the influence of the iron and glycerine.

When the local attack is out of reach of the direct application by means of the brush, or, better still, the cotton-covered probe, the case is very different. When the invasion is in the naso-pharynx or in the larynx, the result may well be dreaded. Even in such instances I believe the best procedure is to apply the iron locally by spray, and, where possible, by the cotton-covered probe.

The covering in of the diphtheritic patch with tolu varnish, as recommended by Mackenzie, may follow the thorough use of the iron solution, and is doubtless protective.

Not only is local treatment important, but it is important to institute it early. The physician should be called at once in every case where there is a doubt. Parents should feel that they are responsible for delay, and that delay is exceedingly dangerous. Many cases that during the first twenty-four hours are easy to treat and curable, are, a little later, beyond the reach of the most skilful.

A few words as to general treatment. Here too I have no sympathy with halfway measures. First of all, in every case, I nearly always counsel the administration of enough of calomel and soda combined to thoroughly evacuate the alimentary tract. It empties the canal of any accumulated material, it stimulates important secretions, and, with Ritter, though not to the extent to which he advocates it, I believe it has a favorable influence upon the general condition. At least it clears the decks for action. As soon as the bowels of the child have been well moved, and sometimes not waiting for that, the internal use of the iron and glycerine solution (the same as that used in the throat) may be begun; for we need not fear any chemical reaction. To show that others are falling back upon this well-known agent, let me quote from an editorial in a recent issue of the New England Medical Monthly: "It is interesting and somewhat gratifying to note that, after each excursion into the domain of experimental medicine the profession invariably returns to the older and more effective method of treating diphtheria, which consists of tonic doses of the tincture of iron and a system of extreme nourishment."

To anticipate and antagonize general invasion, the general as well as the local treatment should be instituted early. Where the symptoms demand, I prescribe two drops of the iron and glycerine solution for each year of the child's age, in a little water every two hours, and midway between each dose the diphtheritic patch is to be touched or sprayed with the solution. Thus there is an opportunity for the ferric solution to be brought in contact every hour with so much of the diseased membrane as is in the pharynx.

I have not discussed much of the poly-treatment of diphtheria as practised to-day—nor have I time to outline the emergencies which may arise, as I had thought of doing. My object has been to propose a plain and direct method of treatment which any one may use and which is not an experiment.

Many other remedies are often to be added. Pilocarpine, when the skin is dry and there is spasmodic laryngeal contraction; quinine, when the fever is excessive; steam from slaking lime when respiration is labored and respiratory tract dry; and tracheotomy or intubation when the larynx is greatly obstructed.

Let me in conclusion suggest that the physician demand of the people among whom he practices, that they call him at once when suspicious symptoms are observed, and that he answer quickly, act promptly, and see that his instructions are implicitly obeyed. To treat diphtheria is to fight a battle—there should be no delays, surprises, nor compromises.—*Journ. of Am. Med. Association.*

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ON LANOLIN.*

BY OSCAR LIEBREICH, M.D.,

Professor of Materia Medica in the University of Berlin.
With Discussion by Drs. SHOEMAKER and MACKEY.

AT the present time, the object of experimental pharmacology is twofold. On the one hand, we have to investigate remedies which have already gained a fixed position in practical medicine; while, on the other hand, we must study products which have been made the subject of experimental and pharmacological inquiry, but which have not yet been tested practically.

It is this experimental pharmacological method which more especially claims my attention; and I am of opinion that it is a most important mode of investigation; at the same time, I readily admit that the results of clinical experience must never be lost sight of.

The principal aim which I have in mind is to make, not only abstruse physiological or chemical experiments, but to turn these experiments to account in the light of my pharmacological studies. Even those which appear to have a purely theoretical interest become the origin of practical discoveries.

Pharmacology must unite with all other branches of medicine, and pursue an exact experimental course. There can be no doubt that products obtained by the pharmacological method must inspire more confidence than those which are simply introduced by empirics.

There is a great difference between recommending a drug which has been studied from a pharmacological point of view and only introducing it in order that it may be tried in practice without previous experiments. In the latter case, a certain substance is introduced, and the decision on its merits is left to those who try it on their patients, and who judge by the results of their statistics.

One of the branches of pharmacology which have been most neglected is that which refers to drugs used in the treatment of skin-diseases. In consequence of our pathological studies into the nature of diseases, the local treatment has become more and more important. The method which I have employed, and the substance itself which makes the subject of my paper, are so simple, that I should be unwilling to occupy your time with them, if I had not, at the same time, to present to you some important considerations which will have soon to be studied by anatomists and physiologists. These studies may lead to new discoveries concerning the composition and metabolism of our body.

I wish to speak to you of a substance which I have called lanolin, the biological importance of which I have already had occasion to mention in this country. Lanolin is a cholesterin-fat which differs from the ordinary fat of the panniculus adiposus through its containing, instead of glycerine, the brilliant crystals of cholesterine, which are so well known to every microscopist.

Besides cholesterine, these fats contain other substances which are similar to cholesterine, but which have nothing in common with glycerine. In order to give you an idea of the differences which exist between these two sorts of fat, I may mention that cholesterine fats are not decomposed by boiling with alkaline solutions: that is to say, they do not form soaps; while, on the other hand, glycerine fats are easily split into soap and glycerine when treated in the same way. The decomposition of glycerine fats into fatty acids and cholesterine or cholesterine-like substances can only be produced by the action of a strong solution of alkali in alcohol. We have, therefore, to deal with a very stable chemical compound.

I have found yet another difference between these two sorts of fat. Lanolin absorbs water very readily. By simply stirring together a cholesterine fat and water, more than 100 per cent. of the latter can be incorporated with it, and a soft yellowish mass is formed, which is the lanolin, properly so-called. I have named lanolinum anhydricum the cholesterine fat deprived of water. Neutral glycerine fats, vaseline and petroleum fat do not absorb water, or only absorb it in a very small quantity.

Lanolin can be extracted from the fat contained in the wool of sheep; this fat, when unpurified, is called wool oil. It has been known for a very long time among the agricultural and cattle-breeding populations, and its old designation was œsypus.

I could not, without taking too much of your time, give you the history of this œsypus. I shall simply tell you that œsypus was already used in the time of Herodotus. Dioscorides describes the preparation of œsypus from wool, and his description is reproduced in most of the

* Read in the Section of Therapeutics and Pharmacology at the annual meeting of the British Medical Association in Brighton.

pharmacopœias published up to the eighteenth century. It was also used by the ancients as a cosmetic, and Ovid mentions it in his "Ars Amatoria." The Roman ladies anointed their faces and skin with œsypus brought from Athens, and this in spite of its repulsive nature. Lanolin continued to be employed during the middle ages, as Mr. Milton has pointed out to me; he has found the œsypus mentioned in the Sloane edition of "Hieronymus Frascatorius."*

Œsypus was bound to be abandoned, as the impurities which it contained, especially the rancid fatty acids, often produced irritation of the skin. Many substances, called by fantastic names, have been recommended as substitutes for œsypus, but they all contained fatty acids; and many impure substances of this nature have been produced since my researches, and the name lanolin, which I have introduced for a definite substance, is improperly applied to them.

In my opinion, the best method consists in separating the lanolin from its emulsion by centrifugal action. The emulsion must be previously sterilized by the action of heat and alkalies. Distillation can, unfortunately, not be used, as it causes a partial decomposition, and an increase in the quantity of fatty acids. When lanolin was first introduced by me, I recommended to mix it with fat; but I am pleased to be able to withdraw this opinion, as I have succeeded in removing from lanolin the sticky cholesterine fats. It has thus become possible to obtain a substance which, in the state of lanolinum anhydricum and of lanolin, possesses the necessary softness. Referring to what I said in the beginning of my communication, I must now examine if lanolin is, unlike vaseline and fats, a substance similar to the fat contained in the skin and keratinous tissues.

My researches have led me to believe that it is always present wherever keratinous tissue is formed. As to the origin of this cholesterine fat, it may be asked whether it is secreted by glands, or formed simultaneously with the keratinous tissue. I can answer that the horny tissues are full of lanolin, even where there are no glands to produce it. The degree of brilliancy and elasticity of the horny tissue is in direct proportion to the amount of lanolin contained in it. I must not forget to say that some researches made by French experimenters have been of great interest to me while I was working on the subject. Berthelot† showed, many years ago, that it is possible to combine synthetically cholesterine and fatty acids; he also foresaw that this fat might be found in nature. I have found that the researches of Hartmann and Schultze have brilliantly confirmed those of Berthelot. I have, moreover, shown that lanolin is nearly always present in keratinous tissue.

On the other hand, Ranvier has discovered in the skin microscopical fatty globules, which have been called by him eleidin; we can also mention in this place the very important investigations of Waldeyer. We have here, possibly, the beginning of a series of researches which may lead ultimately to a more exact knowledge of the formation of lanolin in the cells of the skin. I say, therefore, gentlemen, that the constant presence of this fat in keratinous tissue and the discovery of the substance itself are the true base of the general therapeutical indications.

I have first of all shown that lanolin can be rubbed into the skin with great ease. When this rubbing is repeated several times, the skin becomes distinctly softer. This application of lanolin to the skin has been found very useful for massage by Dr. Ewer.‡ It is a great advantage that lanolin does not require to be removed with soap and water after massage. I may mention, also, that the easy penetration of the skin by lanolin explains the good results obtained with it in seborrhœa sicca.

It stands to reason, that the permeability of the skin varies in different persons; it is evident, also, that an epidermis already saturated by its natural lanolin cannot be impregnated with more fat as easily as a dry epidermis. Dr. Pawlowsky has, therefore, recommended to free the skin from its natural fat by means of ether before using the lanolin; there is no doubt that gray ointments prepared with lanolin are preferable to the ordinary ointments; this is

* "Hieronymi Frascatorii Syphilis sive Morbus Gallicus." Londini: 1884. Publications of the Sloane Society. "Interea, si membra dolor convulsa maligna torqueat œsypo propera lenire dolorem Mastichinoque oleo." Meanwhile, should severe pain assail the limbs, hasten to assuage the torment with oil.

† D'après diverses observations il ne paraît pas impossible que quelques-uns de ces éthers, le composé stéarique notamment, existent à l'état normale soit pathologique dans l'économie animale. Berthelot. "Chimie Organique fondée sur la Synthèse." Tom. i., p. 161. Paris, 1860.

‡ Die Anwendung des Lanolin bei der Massage, "Deutsche Med. Wochenschrift," 8 July, 1886. Berlin.

the opinion of the well-known authority in Aix-la-Chapelle, Dr. Brandis (Behandlung der Syphilis. Berlin, Hirschwald. 1886. Third Edition).

It is certainly better to draw conclusions from a few carefully observed cases than from statistics, which are more or less misleading in cases of this kind.

The following may prove interesting to you: One of my colleagues in Berlin prescribed to a patient an inunction of gray ointment made with lanolin. He observed already, after two inunctions, an irritation of the skin and the formation of acne pustules. Wishing to enlarge my experience, I examined the ointment, and found no trace of lanolin in it. The chemist admitted that I was right, and said that a mistake had been made. After the disappearance of the skin-eruption, neutral, carefully prepared lanolin mercury ointment was used, and no return of the irritation was observed.

I took especial interest in a case of sycosis vulgaris, which had been wrongly diagnosed as parasitic sycosis. The patient, a young man, aged 19, had suffered five years from the disease, and had been treated without success, not only by all the usual means, but also by a preparation of lanolin; the latter, however, was of bad quality, and a rapid improvement took place as soon as the pure substance was employed.

I could mention to you many other cases in support of this view, but I think that the unirritating nature of lanolin is already generally admitted.

I wish now to make a few observations concerning the absorption of drugs through the skin. It must not be supposed that a substance applied to the skin, even in combination with lanolin, can be absorbed as quickly as through the intestines. It is also necessary to remember that a comparatively large quantity must be applied externally in order to produce the same general effects as a small quantity given by the mouth; the dose of mercury, for example, must be sixty times larger when used in the form of the ordinary gray ointment than when administered internally. Although lanolin mercury ointment is more readily absorbed than the ordinary one, it is quite certain that the quantity of mercury used must be much larger than what one would give internally.

I must now explain briefly, with the aid of this drawing, why absorption through the skin is slow. The superficial layer is the stratum corneum; then comes the stratum lucidum; then the granular layer, in which lanolin is probably formed; then the deep cells of the epidermis; and, at last, the papilla, with one vascular loop. When fat is rubbed into the skin, it finds only this one loop through which it can be absorbed; in the intestine, on the contrary, every villus contains numerous bloodvessels; hence the great difference in the power and rapidity of absorption.

I must end with a few remarks on a point of importance, concerning the use of lanolin, which shows very evidently the difference between it and ordinary fat; when lanolin is used on mucous surfaces it never forms a scab; this was, I believe, first noticed by B. Fraenkel, of Berlin. It may be explained in the following way. Lanolin has a great affinity for water, and this peculiarity explains why it adheres intimately to mucous membranes; fat and vaseline, on the contrary, remain separated from the mucous surface by the natural watery secretion.

It would lead me too far if I were to consider in detail the distribution of lanolin in the body, but I have reason to believe that it is found not only in the keratinous tissues, but also in the blood, liver, and other organs; never in the panniculus adiposus. Further researches will elucidate this question.

It has been objected to me that lanolin, which was known to the ancients, and used for centuries, would not have been abandoned if it had been really useful. To this I answer that what they used was œsypus, that is to say, impure wool-oil, which has many disadvantages and dangers. I cannot, therefore, lay too much importance on the fact that pure neutral lanolin must be used, not those substances which are sometimes falsely called lanolin, but which are in reality only impure and acid wool-oil or products of distillation, which contain still larger quantities of acids.

We see something analogous in the case of opium; after it had been used in the form of electuarium theriaca, that is to say, of an impure compound of opium, it fell into discredit for a long time, partly also through prejudice; and you know that Paracelsus was the first to reintroduce it in its pure state under the name of laudanum.

Thus, in lanolin, I introduce to you a sub-

stance which, like many others, is old as history in its primitive forms—new as our most modern research in its derivative form. To transform the old, to apply to it the alchemy of science, to purify it, and to utilize it for the benefit of mankind—this is our aim. This has been my labor. I have the ambition and the belief to have rendered a service to humanity.

A new fatty substance, neutral, mixable with water, highly absorbable by the skin, is a desideratum. Such is lanolin, which I introduce to you, and for which I predict a long career of great usefulness in the dermatological therapeutics and in the hygiene of the skin.

Dr. JOHN V. SHOEMAKER, of Philadelphia, United States of America, stated: I think it was in 1879 that I showed by a series of experiments, which were reported before the Medical Society of the State of Pennsylvania, that the ointments of which the commonly employed basis is the petroleum products were often injurious to use for the skin, owing to the irritation which they frequently occasioned; and further demonstrated, by both clinical and physiological investigations, that these products had less affinity for animal tissue than animal fats, and, therefore, the latter had deeper penetrating power, and were better borne and better to use as a vehicle for the external application of various drugs. In 1884, at your meeting at Belfast, when I had the honor to address you on the Oleates, I repeated the statements just referred to, and the results of my experiments were reported in your Medical Journal. Professor Liebreich, in his first paper read upon Lanolin, announced the same fact, namely, that, by experiment with lanolin (and remember it is an animal fat), side by side with the petroleum products, the latter, having medicinal substances incorporated with them, proved almost inert; while the former, containing the same drugs, showed decided activity. These investigations have, I think, proved conclusively that animal fats are better adapted for external application, and possess what the petroleum products do not—power for deep penetration into the skin. I, therefore, at this time regard lanolin as one of the best vehicles for the basis of ointments. It also possesses two other most valuable qualities which make it superior as a basis for ointments. First, it will cling or adhere better to the skin than any other fatty substance, and will not melt and run off like lard and other fats, and it, therefore, serves better to keep the medicinal material in it upon the part for absorption. Secondly, it can be incorporated with oils and other substances, so that the lanolin can be brought in contact with the skin at any and all consistencies. This latter quality which lanolin possesses is a most valuable one, particularly if it is necessary to make the fat of the consistency of a lotion so as to apply it well to parts of the skin covered with hair. In reference to the therapeutics of lanolin, I might add that it has many most valuable uses. It possesses a mild and soothing action upon the skin. It will assist in overcoming all rough and irritable conditions of the integument, used alone or in combination with other substances. It is well adapted for application in the dry form of seborrhœa, or what is known as seborrhœa sicca. In like manner, it is effective to use in alopecia, especially if the loss of hair is due to the collection of scales and crusts upon the scalp. Chronic eczema—particularly of the scalp, palmar, and plantar surfaces—will not only in many cases improve, but will frequently quickly yield to the application of lanolin. It is not only useful in the above diseases, but acts with equal efficacy in very many other inflammatory affections of the skin. It soothes, relieves, and often cures all irritable states of the skin which occur from what is known as chapping. Lanolin is also a most decidedly useful application for boils, carbuncles, piles, cuts, and wounds.

Dr. MACKEY remarked that the main value of promoting absorption of effective drugs, for example, iodide of potassium in rheumatic arthritis and gland-enlargement, mercurial application in laryngeal congestion, etc., and especially in the scaly skin-diseases—for example, chrysophanic acid (one half strength) in psoriasis—depended on rubbing in rather than on laying on.

Professor LIEBREICH briefly replied.

THERAPEUTIC NOTES.

A HOMELY COUGH MIXTURE.

I HAVE not for the past five years found a cough among my patients, no matter what the age or what the cause, whether bronchial, laryngeal, pneumonic, tubercular, or nervous, that did not receive more or less benefit from

the free administration of a mixture prepared as follows:—

℞. Nicholson's, or Hoff's malt ext. Oj.
Whiskey (best) . . . ℥vj.
Glycerine (c. p.) . . . ℥vj.
Juice of six lemons.
Crush. sugar . . . ℥ij.
Mix and boil ten minutes.
Sig.—From one to two teaspoonfuls to one or two tablespoonfuls, according to age, every one, two, or three hours, as may be indicated.

Prepared in this manner we have a most excellent expectorant cough mixture for general domestic use, containing nothing to disturb digestion, no opium, no ipecac., as do most of the stereotyped cough mixtures in the shops. The glycerine and malt are both beneficial to nutrition, as well as expectorant; and the same may be said of all the component parts of the combination.

The amount of the lemon-juice may be increased, according to the preference of the patient.

I am free to say, that in over two hundred and fifty families of this city, where I am the physician, this cough mixture is found indispensable. In my own family nothing else has ever been found necessary to control, relieve, and cure the coughs incident therein.—Dr. I. N. Love, *Weekly Medical Review.*

INFANTILE CONSTIPATION.

℞. Resinæ jalapæ . . . gr. vj.
Sacchara alba . . . ℥ss.
M. Ft. charta No. vi.
Sig.—One powder every second night.

BRONCHITIS OF TYPHOID FEVER.

℞. Ol. terebinthinæ . . . ℥ss.
Tinct. capsici . . . ℥ss.
Syr. acacia . . . ℥ij.
Syr. simp. . . . ℥ij.
M. Sig.—Two teaspoonfuls every two or three hours.

CHRONIC ALCOHOLISM.

℞. Tinct. nucis vomica . . ℥ij.
Tinct. capsici . . . ℥j.
Ext. erythroxoli . . . f℥iij.
Sig.—Teaspoonful four times daily.

CASCARA CORDIAL.

A vehicle which would combine the properties of compatibility, permanency, and innocuousness, and above all possess the quality of disguising and rendering positively agreeable to the taste many of these nauseating and bitter preparations, must necessarily meet with universal appreciation of practitioners, and be a priceless boon to their patients.

It is the purpose of this note to call attention to such a vehicle and corrigent, and to suggest a few illustrative formulæ, which will indicate its very wide range of application in everyday practice.

We believe that that combination of aromatics and carminatives with cascara sagrada, known as Cascara Cordial, introduced by Messrs. Parke, Davis & Co., fulfils every required indication.

In addition to its power of disguising the taste of such bitter drugs as quinine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from its use, even when most strongly indicated, on account of the marked constipation it causes? To obviate this objectionable feature of this valuable hæmatic, we may use the following formula, or such modification of it as may be desirable:—

℞. Tinct. ferri chlor. . . ℥vj–℥xij.
Cascara cordial . . . ℥ij.
Water . . q. s. ad ℥iv.
M. Sig.—Teaspoonful T. I. D.

A very useful formula in the treatment of the anæmia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron, combined with cascara cordial, as follows:—

℞. Syrup. ferri iod.,
Cascara cordial . . . āā ℥ij.
M. Sig.—Twenty drops in water T. I. D., increased as required.

During the past year I have treated a large number of cases of phlyctenular keratitis—that form of corneal trouble so commonly met with in strumous children, and which by being simply neglected has caused the impairment of vision of so many people. In this disease of the eye, local means bear but a subordinate part to the general treatment. Tonics and alteratives are first in importance, and among

them syrup of the iodide of iron, in my experience, has given the most satisfaction. Since I have been administering it in cascara cordial I find its efficacy much increased. I can prescribe it in larger doses and continue its use longer without experiencing any of the unpleasant effects of the iodide, and besides, I present a mixture which is very acceptable to the taste of the little patients.

In nervous debility and anæmia, and in phthisis, a combination of hypophosphite of iron with cascara cordial often acts very happily, especially where there is a tendency, as there often is, to atony of the muscular coat of the bowels, and consequent constipation. In this condition we could use to advantage:—

℞. Ferri hypophosphit. . . ℥ij.
Acid. hydrochlor. dil. q. s. ad solv.
Cascara cordial . . . ℥iiss.
Water . . . q. s. ad ℥iv.

M. Sig.—Teaspoonful four times a day, after meals and on retiring.

Perhaps no drug is more universally prescribed than quinine. When it is desired to produce an immediate absorption of this drug, it is preferable to give it in the form of powder or solution. Its inherent bitterness, however, renders this mode of administration objectionable to most patients. Innumerable vehicles have been tried to disguise its bitterness with varying success, but we believe none has proven so acceptable as cascara cordial, which has been extensively used for this specific purpose, and with most gratifying results. To abort an ague fit the following may be prescribed with advantage:—

℞. Quinia sulphat. . . . grs. x.
Cascara cordial . . . ℥ij.
Water . . . ℥j.

M. Sig.—Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with cascara cordial, as follows:—

℞. Quinia sulphat. . . . ℥ij.
Cascara cordial . . . ℥ij.
Water . . . q. s. ad ℥iv.

M. Sig.—Teaspoonful three or four times a day. Increasing the quinine when indicated.

Intermittent headache, or supra-orbital neuralgia is often relieved by combining quinine with cascara. Here we fulfil two plain indications. We get the specific anti-periodic and anti-neuralgic effect of quinine, and the tonic laxative effect on the bowels of cascara. The following formula is a useful one:—

℞. Quinia sulphat. . . . ℥i⅓.
Cascara cordial . . . ℥ij.

M. Sig.—Teaspoonful as indicated.

In sick headache, the above formula may be combined with caffeine and salicylate of soda, thus—

℞. Quinia sulphat.,
Caffeine,
Soda salicylat. . . . āā ℥i⅓.
Cascara cordial . . . ℥ij.
Water . . . q. s. ad ℥iv.

M. Sig.—Dose, a teaspoonful on a little finely cracked ice.

When it is desired to give the preparations of opium, and to antagonize their constipating effect, the addition of cascara cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give—

℞. Dover's powder . . . gr. x.
Cascara cordial . . . ℥ij.
Water . . . ℥j.

M. Sig.—At a draught.

The cascara here secures a satisfactory evacuation from the bowel, and thus has a derivative effect on the catarrhal condition, which is further aided by the well known antiphlogistic action of the Dover's powder.

It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It is here that the specific action of cascara cordial is admirably shown. It not only secures a free, painless stool, but acts also as a stomachic, improving the processes of assimilation, which are so often at fault in cases of chronic invalidism.

It would be superfluous to suggest appropriate formulæ here; to any preparation of opium used we may add cascara cordial in quantities sufficient to meet the indications in the individual case. In melancholia, a condition now widely obtaining among women both in the higher and lower circles of society, and dependent on over- or underwork and insufficient or improper nourishment, opium will often furnish the needed stimulant, though it is most important in these cases not to establish the opium habit. Lauder Brunton, in his "Phar-

macology, Therapeutics, and Materia Medica," page 724, suggests in this condition the use of the tincture of opium in doses of from five to ten minims. We could combine this with great advantage in these cases with cascara cordial, as follows:—

℞. Tincture of opium . . . ʒiss–iiss.
Cascara cordial . . ʒij.
M. Sig.—Teaspoonful as indicated.

Here the patient may be kept in ignorance of the fact that she is taking a narcotic—a material aid in preventing the future formation of the opium habit. In specific disease, in scrofula, glandular enlargement, and, in fine, whenever it may be desirable to give iodide of potassium for a considerable time for its alterative action, no better vehicle for the drug can be used than cascara cordial. A useful formula is the following:—

℞. Potassii iodid. . . . . ʒiij.
Cascara cordial . . . ʒij.
Water . . . q. s. ad ʒiv.
M. Sig.—Teaspoonful largely diluted T. I. D. The iodide of potassium to be increased as required.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus, salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced on account of the head symptoms developed; cascara cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with cascara cordial:—

℞. Sodii salicylat. . . . ʒj.
Cascara cordial . . . ʒij.
Water . . . q. s. ad ʒiv.
M. Sig.—Teaspoonful in wine-glass of water four times daily, increasing or diminishing the salicylate as required.

The few illustrations given but imperfectly convey the very wide range of application of cascara cordial as a vehicle. The requirements of the physician will extend its use to almost all prescriptions needing correction either on account of their bitterness or tendency to constipate. So many diseases are dependent upon or attended by disturbance of the functions of digestion and assimilation, and especially by interference with the secretory functions of the bowels, and so many valuable drugs, the use of which is indispensable, but serve to increase or perpetuate this tendency, that the application of a vehicle which secures palatableness and at the same time establishes a regular action of the bowels, must come into very general use in the everyday routine practice of the physician. —R. S. Henry, M.D., *Med. and Surg. Reporter*.

DIARRHŒA OF PHTHISIS.

℞. Tinct. kino . . . . . ʒss.
Tinct. catechu . . . . ʒss.
Tinct. capsici . . . . ʒss.
Tinct. cinchonæ comp. . . . ʒj.
M. Sig.—Teaspoonful every two or three hours.

COUGH MIXTURE.

℞. Ammonii chloridi . . . ʒij.
Syr. pruni virginiana . . ʒiss.
Syr. yerba santa . . . ʒiss.
M. Sig.—Teaspoonful every three hours.

IVY POISONING.

Dr. J. F. White (Therapeutic Gazette) recommends—

℞. Sodæ sulphatis . . . ʒj.
Acid. carbol. . . . ʒiss.
Glycerine . . . . ʒij.
Aqua . . . q. s. ad ʒviij.
Ft. sol.
M. Sig.—Apply on cloths, keeping them constantly wet with the solution.

LITHIASIS.

℞. Vini colchici rad. . . . ʒij.
Potassii bicarb. . . . ʒss.
Aqua . . . . . ʒiv.
M. Sig.—Two teaspoonfuls in water three times a day.

CAPILLARY BRONCHITIS.

℞. Vini ipecac. . . . . ʒiss.
Ammonii carb. . . . ʒss.
Ammonii chloridi . . . ʒij.
Syr. yerba santa . . . ʒj.
Aqua . . . q. s. ad ʒiv.
M. Sig.—Two teaspoonfuls in water every two hours.

INFANTILE PNEUMONIA.

℞. Tinct. aconiti rad. . . ♏xviij.
Tinct. sanguinaria . . ʒij.
Syr. simp. . . . ʒij.
M. Sig.—Teaspooonful every hour and a half.

QUINSY.

℞. Tinct. veratri viride . . ʒss.
Potassii bicarb. . . . ʒss.
Aqua . . . . . ʒij.
M. Sig.—Teaspoonful every three hours.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Dec. 1886.

A GRIEVOUS ERROR IN INFANTILE DIETETICS.

WE doubt if there be a more grievous error than that which many physicians commit in directing the milk on which infants are nourished to be largely diluted with water. Dr. Taafe, for instance, in an address delivered before the recent meeting of the British Medical Association says: "No infant at the breast, or who is being brought up by hand, should be fed more than once in three hours during the day and twice in the night; after five months old, every four hours during the day and twice in the night. If brought up by hand the food should consist only of milk and water to be sucked from a bottle. For the first day or two after birth the proportion should be milk one-fourth, water three-fourths. After the first day or two and up to two months old, milk one-third, water two-thirds; from two to four months old, milk and water in equal parts; from four to seven months old, milk two-thirds and water one-third. A dessertspoonful of sugar of milk may be added to each bottle." Dr. Taafe's directions are substantially the same as those which are given by numerous other writers and teachers, and, like them, result, in the overwhelming majority of cases, in the gradual emaciation of the unhappy little patients.

Dr. N. S. Davis has shown that the proportion of casein, butter, and salts to water in the milk of healthy nursing mothers is about 1 to 7, and in good cow's milk about 1 to 6.3. In other words, the relative excess of the nutritive material in cow's milk is less than one-and-a-half per cent., or not more than the difference often observed between different specimens of healthy human milk. It is evident, therefore, that little or no dilution is necessary, and that when it is practised to the extent of two or three hundred per cent., as recommended by Dr. Taafe and other writers, the resulting fluid is grossly deficient in the material necessary to sustain nutrition. An infant to whom such a mixture is administered soon becomes restless, and is continually fretting and crying for more food. In order to pacify it, the bottle is given it at too frequent intervals, and its stomach becomes over-distended with a watery innutritious liquid. Vomiting, diarrhœa, and other gastro-intestinal disturbances follow as a matter of course. The blood becomes thin and impoverished, the child peevish and emaciated, and, in too many cases, finally succumbs from inanition, unless carried off by some intercurrent disorder to which its half-starved condition makes it an easy victim.

Opiates, astringents, and tonics are of little avail. Sufficient nourishing food is the one thing necessary, and without which medication is useless. Let the infant be given pure fresh cow's milk containing the full natural proportion of solid constituents, and in a short time it will be fat, quiet, and happy. In some cases it may be found advisable to add a tablespoonful of lime-water to each pint of milk, in order to render it neutral or slightly alkaline in reaction, but any further dilution will be not only useless but positively injurious.

SOME COMMON MISTAKES IN THE MANAGEMENT OF THE PUERPERAL PERIOD.

IT is a mistake to not apply an abdominal bandage after delivery has been effected. The muscles have been strained to the utmost extent, and require to be supplemented by artificial aid until their normal contractile power is restored. A well-applied bandage not only adds to the immediate comfort of the patient, but, by checking the sagging of the abdominal walls and the consequent formation of a pendulous abdomen, prevents many a future regretful pang.

It is a mistake to not administer a laxative to the puerperal woman until the third or fourth day. If constipation is hurtful to a man of active habits, it is certainly not benefi-

cial to a woman confined to bed in a warm room and surrounded by exhalations of a more or less unpleasant character. Many cases of so-called septicæmia are produced or aggravated by the absorption of putrid material from the intestines, and disappear after a brisk purgative is given. The health and comfort of all puerperal patients would be promoted by the administration of a gentle laxative twenty-four hours after delivery.

It is a mistake to use antiseptic vaginal, or uterine injections as a matter of routine practice If the lochial discharges become offensive, or if there be reason to suspect the presence of placental or other débris in the uterus, they may be employed, but not in any other case. Intra-uterine injections should always be given by the physician himself and not intrusted to a nurse.

It is a mistake to suppose that a rise of temperature in puerperal women is always due to septic infection. She is not exempt from any of the grave diseases which attack humanity. Many slight febrile attacks are due to the irritation of unnecessary injections, others are produced by cold, malaria, and nervous disturbances.

It is a mistake to regard quinine as the antipyretic *par excellence* in all diseases of the puerperal period. Quinine is invaluable in the treatment of septic and malarial fevers, but in purely inflammatory affections it is much inferior to aconite and veratrum viride.

It is a mistake to restrict the diet of a puerperal woman to bread and tea, or gruel and similar articles. Rest for the stomach as well as for the body is imperative during the first few hours succeeding delivery, but after then it is unnecessary, as well as injudicious, to keep the patient upon low diet. Milk, soups, oysters, eggs, beefsteak, and fruit may be freely partaken of. Cool water may also be drank *ad libitum*.

IMPOTENT MALICE.

WE have seldom witnessed a more pitiable example of impotent malice than that which was recently exhibited by the Medical News, of Philadelphia, and the American Practitioner, of Louisville, in referring to the resignation of Dr. Williams, of Cincinnati, from the Presidency of the Ophthalmological Section of the Ninth International Medical Congress. Dr. Williams, who may be justly entitled the father of ophthalmology in the United States, was one of the original appointees of the Congress, but, being misled by the clamor and misrepresentations of the little clique of Eastern specialists who failed to appropriate all the offices, he tendered his resignation to the committee. He soon discovered his error, however, and reaccepted the position with the determination to make his Section second to none in the Congress in practical results. Unfortunately, his health failing him during the summer, he was compelled to relinquish all professional work and seek a new lease of life in the valleys of California. His resignation from the Congress, owing alone to this cause, was duly published in the Journal of the American Medical Association and other journals. The editors of the Medical News and the American Practitioner, who are now alone in their unpatriotic opposition to the Congress, announced the resignation under the flaring headline of "ANOTHER RESIGNATION FROM THE CONGRESS," but deliberately omitted to state that Dr. Williams resigned solely on account of indisposition. Their object evidently was to create an impression abroad that there is still widespread dissension in the profession of this country, and that the Congress will not be a success. But it, however, has proved a miserable failure, and cannot fail to react disastrously upon its unpatriotic projectors.

THE JOURNAL OF COMPARATIVE MEDICINE AND SURGERY.

THE Journal of Comparative Medicine and Surgery, which has been printed in New York for a number of years, will hereafter be published by A. L. Hummel, M.D., of 1217 Filbert Street, Philadelphia. The first number issued by the new publisher gives promise of a brilliant future. It contains a number of original communications of great merit and practical value.

The articles on "Avian Tuberculosis," "Barsati, or Atrophic Carcinoma," etc., are alone worth a year's subscription to the journal.

CORRESPONDENCE.

OUR PARIS LETTER.

A New Method of Treating Typhoid Fever—Hysterical Amaurosis—An Instrument for Functional Examination of the Retina—Peri-nephritic Phlegmon Independent of Renal Affection—Cocaine in Ulcerations of the Tongue—Lobular Pneumonia—Puerperal Neuritis in Cases of Tabes—Filaria Medinensis.

At a recent meeting of the Société Médicale des Hôpitaux. M. Albert Robin described a new method of treating typhoid conditions. In this morbid evolution the human organism is always overladen with the residue of nutrition incompletely oxidized. This detritus is eliminated with difficulty, from the fact that they are but slightly soluble in the fluids of the human organism. There are certain pharmaceutical substances, which combine with the nitrogenous residue of the human organism, and render them more soluble, and thus facilitate their elimination. The principal agents which act as dissolvents are benzoic and salicylic acid, which, after combining with nitrogenous substances, such as glycocol, passes into the urine as salicyluric and hippuric acid. M. Robin, in his first experiment, studied the physiological action of benzoic acid on combustible substances. He administered benzoic acid to persons in good health, whom he had previously dieted during a few days under the influence of this treatment. The solid constituents of urine were slightly diminished, there was also a smaller proportion of urea, and its relative proportion to solid matter was lower. These results must not be attributed to a moderating action, exercised by benzoic acid on combustion; this phenomenon is not modified, but the acid carries away into urine part of the substances which have entered into combustion. On another occasion, M. Robin administered benzoic acid to five patients with typhoid fever, in whose urine he noticed an increase in the weight of urea and solid matter. Salicylic acid and salts have effected the same results, also substances such as zylene, toluic acid, ethyl, and propyl-benzine, which in passing through the system became transformed into benzoic acid, combining with nitrogen.

M. Bernheim read a paper at the recent medical congress at Nancy, on hysterical amaurosis, which he said was purely psychical. In two cases in his wards it was observed that there was complete amaurosis of the left eye, and, as the patients saw nothing when the right eye was closed, it was easy to prove that this cecity was psychical. With this phenomenon in view, M. Bernheim used an apparatus invented by M. Stœber, which is a modified form of Snellen's, and serves to detect simulated amaurosis. He placed glasses on the patients' eyes which had one glass red and one green, then the patients were told to read from a frame on which letters were printed on red and green glass alternately. M. Bernheim's patients were made to read with the right eye, the left being shut, and, with the red eye-glass, they could only distinguish the red letters, but with both eyes open they were able to read the letters on red and green glass. Patients affected with unilateral hysterical amaurosis generally can only see one object, but those above mentioned saw equally well with the affected eye as with the non-affected. Hysterical achromatopsia is quite as psychical as amaurosis. M. Grenier quoted the following experiment of achromatopsia: The patient was hysterical, and to her left eye all objects appeared gray; a colored card, printed green, appeared green to the right eye, but gray to the left one; but if a prism were placed before the right eye, the patient, instead of seeing a green object and a gray one, saw two green ones. On repeating the experiment with the left eye, two gray objects were seen. M. Bernheim gives another case where the left eye was affected with achromatopsia, a red object seen with that eye appearing gray, but red with the right eye. On making the patient look through a prism she saw double. If, with the affected eye closed, a prism was put before the right eye, only one red object was seen, but if the prism was looked through by the left eye, the object appeared double and in its right color. The prism had given the true color, and had removed the illusion by diverting the patient's morbid imagination, thus the patient's diverted imagination suggested a double object. These are clearly cases of unconscious auto-suggestion. The patient being unconscious of what he sees. M. Bernheim considered that it would be more rational to give the name of visual amnesia to this complaint, and he added that amaurosis and achromatopsia, suggested by a hypnotic state, are of the same nature. In conclusion he stated that hysterical amaurosis has no anatomical localization, that it is neither localized in the retina nor in the optic nerve, nor in the visual cortical centre, and only exists in the patient's imagination.

At the medical congress at Nancy, M. Charpentier, of that town, showed a new instrument intended for clinical examination of the visual functions. This instrument can be used, first, for examining luminous sensibility by means of the minimum quantity of light; second, for examining the perception of colors by the same method; third, for examining the perception of the differences of light in white or colored light;

fourth, for examining the perception of colors by means of a new method, which consists in making appear upon an uncolored ground a colored surface, where the color becomes gradually more and more intense until it is recognized by the eye. This instrument is composed of a horizontal copper tube about five centimetres in diameter, supported by a stem fixed to a wooden slab. This tube is closed at each end by a piece of ground glass, which can be substituted, if necessary, by a translucid paper or china disc. Moreover, owing to the presence of two almost contiguous convergent lenses, the image of the ground glass behind is thrown upon the front disc. A movable screen, with an aperture which can be made smaller or larger, is placed between the two lenses, which enables different sections of the surface to be seen on these lenses, and, consequently, to regulate at will the lighting of the front glass. The light thrown on is in proportion to the free surface of the opening of the diaphragm in question. This free surface is always in the form of a square, the side of which is marked in millimetres upon an external graduation. The front glass is placed at the end of an ocular tube through which one looks, and which constitutes, when the eye rests on the opening, a dark chamber. This ocular tube is united to the first tube with lenses by a square box, of which the left side can be open or shut as desired. When there is a left side, the instrument can be used to ascertain the perceptible minimum of light. An oil lamp gives a constant light, and lights the back part of the instrument. A special appendage placed between that part and the source of light, is constructed to hold the colored glasses destined to determine the maximum of perceptible color.

In the Gazette des Hôpitaux, M. Mesnet mentions a case of peri-nephritic phlegmon, which occurred under the following circumstances: A young man of twenty-five years of age, was admitted into one of the Paris hospitals on the second of August, who, a fortnight previously, had suddenly been seized with violent pain in the renal regions, rendering dorsal decubitus impossible. There were no feverish symptoms, the temperature remaining at 38° centigrade; pulsation, 80. Digestive organs and urine were in a normal condition; no diarrhœa or sickness ensued. The only perceptible phenomenon was the continued excruciating pain towards the right side of the renal regions. Great difficulty was experienced in making any examination of the affected part, as, on the slightest pressure or touch, the pain was intolerable; no swelling or redness of the skin were visible. M. Mesnet came to the conclusion that peri-nephritic phlegmon had developed itself in the cellular zone surrounding the kidneys, and that an abscess must have formed from the commencement of the excessive pain. An operation was made ten days after the patient's entrance to the hospital, by effecting an incision an inch and a half deep, parallel with the vertebral column, and, on reaching the abscess, one and a half pints of thick pus were removed. Relief was immediately obtained, the patient being able to turn and stretch his limbs, which, before the operation, had not been possible. A drainage-tube was introduced into the wound, which was dressed by antiseptic means; cicatrization followed rapidly, and a fortnight afterwards the patient had entirely recovered.

In the Gazette des Hôpitaux, M. Tillaux mentions the case of a man suffering for four years from buccal psoriasis. Cauterization had repeatedly been made, but with no good result, and M. Tillaux advised an operation, which was performed with the aid of a fifty per cent. solution of cocaine, applied every six minutes to the part affected. Five applications were made up to the time of operating, and the result was so satisfactory that dissection and ablation of the mucous membrane were effected without the patient feeling the slightest pain.

At a recent meeting of the Société Médicale des Hôpitaux, M. Renant read a paper on a case of lobular pneumonia. Crepitating râles and murmurs were heard in the right lung and once in the left one. M. Renant rejected the hypothesis of pulmonary congestion and bronchial pneumonia; the progress of the disease and its suddenness were incompatible with it. M. Rendu suggested that it might be localization of influenza in the pulmonary organs, facts concerning serpiginous pneumonia having long been known of. M. Renant replied that he was convinced that there existed distinct areas presenting lesions characteristic of pneumonia. They were separated by a zone of healthy tissue, free from any morbid stethoscopic sounds.

At a recent meeting of the Académie des Sciences, M. Charcot read a paper on peripheral neuritis, by M. Pierret. The writer stated that he did not consider these lesions to be absolutely constant, but he believed them to be curable even in cases of tabes, with confirmed posterior spinal sclerosis without complications. In a recent case, M. Pierret observed the restoration of the nerve tubes of nerves innervating the skin. This important statement would suggest the idea that the lesion of peripheral nerves is probably only the distant transfer of inflammatory irritation of sensitive zones of nerve centres, which can never be cured, though remaining susceptible to longer or shorter periods of remission. Painful symptoms, which are imputed to peripheral neuritis are accessible to rational treatment. The beneficial action of certain mineral waters is thus easily explained.

At a meeting of the Académie de Médicine last July, M. Le Fort presented a long fragment of filaria medinensis, which he had taken from a subcutaneous abscess; the patient had another small tumor on the calf of his leg, which doubtless was owing to the presence of the parasite.

MEDICAL NEWS AND MISCELLANY.

Dr. John D. Mercur has removed to 1432 Pine Street.

Dr. F. B. Hazel has removed to 841 North Broad Street.

Dr. J. R. F. Bell has removed to No. 2028 North Broad Street.

Dr. Hunter P. Cooper has been elected Professor of Chemistry in the Atlanta Medical College.

Dr. M. H. Jordan, of Birmingham, has been elected Professor of Materia Medica and Therapeutics in the Alabama Medical College.

Dr. Joseph G. Richardson, Professor of Hygiene in the University of Pennsylvania, died at his residence in this city on November 13th.

The government chemist of New Zealand is reported to have proven that the dust of the recent volcanic eruptions is of great value as a fertilizer.

Lieutenant-Colonel John Moore, Assistant Medical Purveyor, U.S.A., has been appointed to the surgeon-generalship made vacant by the retirement of Brigadier-General Robert Murray.

The degree of Master of Arts has been conferred on Professor James M. Holloway, of Louisville, by the faculty of Centre College, Danville, Ky., and on Professor M. F. Coomes, of Louisville, by the faculty of St. Mary's College, near Lebanon, Ky.

The Chicago Gynæcological Society has elected the following officers for the year 1886–1887: President, Charles Warrington Earle; First Vice-President, E. C. Dudley; Second Vice-President, T. D. Fitch; Secretary and Treasurer, Edward Warren Sawyer; Editor, W. W. Jaggard.

The New York State Medical Association has elected the following officers for the ensuing year: President, Dr. Isaac E. Taylor, of New York; Secretary, Dr. E. D. Ferguson, of Troy; Treasurer, Dr. John H. Hinton, of New York; Librarian, Dr. J. W. S. Gouley, of New York.

Daniel G. Brinton, A.M., M.D., the well-known editor of the Medical and Surgical Reporter of this city, and the author of valuable works upon aboriginal American languages, has been elected Professor of American Archæology and Linguistics in the Literary Department of the University of Pennsylvania.

When to Administer Tæniacides.—In the treatment for tape-worm it is the custom, I believe, to give the remedy to the patient fasting. Is this right? To whom is the remedy addressed: to the man or the parasite? The worm has a small head with a long and comparative large body, composed of joints nearly independent, which, when mature, separate (are not broken) and are discharged with the ova. The head anchors the worm but does not materially nourish it, which is done by absorption by the joints themselves. Now, give the remedy to the patient fasting and it is rapidly absorbed, and the man, not the worm, gets the effect of the vermifuge.

If you give the remedy an hour or two after a meal, just as the digested food is passing from the stomach, it is not so liable to be injured by digestion, but passes with the digested food along the length of the intestines, and the worm is bathed with it from stem to stern and gets its full effect. This is my experience.—W. C. Bennett, M.D.—*New England Medical Monthly.*

The Bald-Headed Men of the East.—Again the Western physician suffers. A little while ago a great man told us that we had malaria, and might not attain to that high average of scientific lore that was reached by our more favored brethren of the East. Now comes Mr. Eaton, Medical Record, October 2, and observes "that the per cent. of baldness is in direct proportion to the amount of 'education and cultivation.'" Furthermore, Mr. Eaton and Dr. W. A. Hammond tell us that "bald-headed men are most plentiful in New York and Boston. After these come Philadelphia, Washington, and the Western towns."

A few weeks since, it was bad enough, but having tried to get rid of our malaria in our desire to grasp science, we now find we have too much hair. Is there no relief? We believe we were born bald-headed, but that does not count; it must be the result of "education and cultivation." Some of us drank at the fountain of knowledge where the bald-headed philosophers of the East sold the waters and worked the pump handle. Others lived for long years in the East where the skies were blue, the wind blew, and a few of the savants blew and still are blowing, but it was in vain, our hair grew and here we are.

We know that in Mexico there are dogs that are hairless. Does this show a similarity between

Mexico and New York? Are the Mexican dogs being "educated and cultivated" for New York society—or is New York going to the dogs?

We now know why the bald-headed man selects the front row at the theatre—he is a scientist, a comparative anatomist perhaps, looking for fat calves. We now know why William A. Hammond is bald. He is scientific, and Mr. Eaton, he too is bald, we suppose—at least he is bare-faced enough to be bald all over.

Dermatologists tell us that many cases of alopecia in the East are due to syphilis. If, according to the immortal Billings, malaria is antagonistic to science in the West, we are led to believe that syphilis favors it in the East. Do we not know that syphilis sometimes produces baldness in New York, and that baldness shines most where there is education, *i. e.*, in New York and Boston according to Dr. Hammond and Mr. Eaton.

We had thought that possibly Dr. Hammond left his hair, when for certain reasons he suddenly left the army some years ago; but we live and learn.

There is another cause of baldness, other than cultivation, education, and syphilis, which we fear the learned investigators have not considered. Sometimes there is a contraction of brain matter and an evolution of gas in the cranium. Part of this gas escapes through different channels, and part being retained, not only produces an enlargement of the head—called by various names—but may permeate the calvarium and destroy the hair follicles.

This condition has, we believe, never been noticed west of the Allegheny Mountains, the few cases of baldness in the Mississippi Valley being due, as Mr. Eaton has said, "to education and cultivation."—*Weekly Medical Review.*

Dry Chloride of Sodium in the Treatment of Subinvolution of the Uterus.—That peculiar enlargement of the uterus, with its accompanying train of distressing symptoms known as subinvolution of the uterus, is a matter of such common occurrence and is so often difficult to cure that any one who has anything promising to offer in the way of treatment, may be excused for enlarging existing literature on the subject. The writer desires here to commend most highly the surgical treatment of the disease.

The various plastic operations upon the uterine cervix which have been recommended by authorities he has found sufficient to compass a cure in the large majority of cases; but in those cases where for any reason operative surgical measures are withdrawn advisably, he has found the treatment by dry applications of sodium chloride to the swollen cervix most satisfactory. It has been in use in my practice for more than two years, and the success which has attended its use where I have applied it myself or directed its use in consultation, has been most pleasing.

The formula I use is this:—

℞. Chloride of sodium . . . ℥j.
Powd. slippery elm bark . . ℥iij.
Powd. hyoscyamus leaves . . ʒj.

Mix and rub in a hot and dry mortar until thoroughly desiccated.

This is applied to a diseased cervix uteri in quantities equal to an ordinary teaspoonful once every other day, and sometimes oftener.

My common plan is to take a piece of absorbent cotton, circular, and three inches in diameter, just thick enough to hold the powder placed inside. The edges of the cotton are then folded over the powder and tied with a string which is left of a length suitable to facilitate the withdrawal of the tampon thus made, from the vagina. This insures the contact of the dry salt with the diseased uterus pretty nearly, although a thin layer of absorbent cotton intervenes between the salt to be dissolved and the uterus to provide the fluid for dissolving it. In case the application proves painful, the tampon is withdrawn, and another replaced containing a larger quantity of hyoscyamus or opium, or morphine, as I may think best adapted to the case. To apply the chloride of sodium prepared in the manner just described, a speculum is first introduced and the swollen cervix brought into view and proper position, then that end of the cotton tampon which contains the chloride of sodium, etc., is passed through the speculum and placed against the cervix. It is held in position with dressing forceps while the speculum is withdrawn. The tufted end of the tampon insures its contact with the cervix after the forceps are released.

The principle on which the influence of this remedy depends is found in: (*a*) The depletion of the uterus of its fluid to liquefy the chloride of sodium. (*b*) The antiseptic properties of the salt checking and preventing putrefactive and fermentative changes in the vagina and uterus. (*c*) The presence of a mechanical support for the enlarged and malposed uterus favoring better circulation of blood through that organ.

In occasional cases I have observed that the patient did poorly when cotton was used to hold the powder in position. It appearing that the mere presence of the cotton adding to the bulk of the foreign body in the vagina was cause sufficient to make the patient listless and decline in health. In such cases I have introduced a small Ferguson speculum, brought the uterus into position, and thrown a teaspoonful of the powder directly upon the diseased organ. To relieve pain, I have added opium powder, hyoscyamus powder, or belladonna powder, to the salt and slippery elm.—Hal C. Wyman, M.D.—*Medical Age.*

COMMERCIAL NEWS.

Not a Gynæcological Patient.

"Some pleasures still in Satan's lot prevail,
For he at least unquestionable is male.
I'm sure that once he stopped and prayed,
'Twas when he found he could not be spayed."

The Cheapest Microscope

In the world, when quality is considered, is Beck's "Star" Microscope. This seems to be the verdict of all who use this instrument, and if any of our subscribers contemplate adding a microscope to their armamentarium we would advise them to write to W. H. Walmsley (1016 Chestnut Street, Philadelphia) for an illustrated price list of the "Star"—giving The Bulletin credit for having called attention to the subject.

How Many Drops to a Dose?

"From Tyrian purple to pants is a big *drop*," says an exchange, on learning that Dr. Mary Walker has been suggested for the editorship of "Literary Life."

Treatment of Rectal Diseases.

The Rorick Improved System of Rectal Treatment is practical, legitimate, and what it is claimed to be. It brings the successful treatment of diseases of the rectum within the easy reach of every practical practitioner, and it is not revolting to patients. The rectum is not an exception to other organs of the body. It is subject to pathological conditions which produce remote troubles, for the relief of which the patient seeks advice without being conscious they possess a rectum. No physician is longer excusable for abandoning this large and important field to dishonest and incompetent specialists.—*Editor of Chicago Medical Times.*

Send to Dr. Rorick (202 State Street, Chicago) for full information on the subject of this new and very successful system, and say you act on the advice of The Medical Bulletin.

"Comparisons are Odious."

Some one has discovered certain points of similarity between a baby and a widower: He cries a great deal the first three months; after this he becomes quiet and begins to notice; and it is with considerable difficulty that he is made to survive his second summer.—*Ex.*

A Pure Whiskey.

In these days of adulteration and substitution it is a gratification to the physician when prescribing whiskey to *know* that his patient is taking an absolutely pure and good article. We believe the "Garrick Club" whiskey, made by Bruce, Norris & Co., of 15 North Front Street, Philadelphia, to be the purest whiskey in the market, and since its price is almost as low as inferior brands we would suggest to our readers that they learn, by writing to the manufacturers, where this pure whiskey can be obtained in their respective localities. Do not forget to say that you act on the advice of The Medical Bulletin. They will no doubt furnish our readers a trial bottle at reduced cost.

The gouty patient, on contemplating a meagre micturitory achievement, murmured sadly, "Little drops of water, little grains of sand."—*Boston Medical and Surgical Journal.*

Good Investments.

It has been calculated that several hundred millions of dollars have been sent from the East to the West during the past twenty-five years for investment in farm mortgages, and of this vast sum almost absolutely nothing has been lost. Securities which pay seven and eight per cent. interest regularly and surely, must be in demand, and the difficulty often is to supply them fast enough for Eastern purchasers. There are many companies dealing in these loans, and two of the best are represented in the East by Henry A. Riley, Eastern Manager, 170 Broadway, New York. These companies have ample capital, are well managed and are doing a large business. Should any of our readers be thinking of making investments, they cannot do better than write to Mr. Riley and see what he has to offer. See his advertisement on page 9.

The Medical Bulletin has been averaging between 300 and 400 hundred new subscribers monthly for the past six months.

The Perfect Emulsion.

Milk is nature's perfect emulsion. All preparations of cod-liver oil in the market are emulsions in some form, and their value and easy digestibility over the plain oil must consist in the division of the oil globules, and the emulsion that most nearly resembles milk will be nearest the perfect emulsion. Professor John Attfield learned by comparative experiments that the Peptonized Cod-Liver Oil and Milk made by Reed & Carnrick most nearly approaches milk in the perfection of emulsion, the oil being in even a finer state of division than the butter in milk. It is very palatable and acceptable to the stomach. Write for a sample (*gratis*), not neglecting to mention The Medical Bulletin.

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